	CI	AIMS	ONLY	,			Applica	Application Number Filling Date 10-506864 Filling Date						
							Applica	inl(s)						
CLAIMS	1 46	C11.CD					* May I	May be used for additional claims or amendments						
CIDAIMS	A5	AS FILED		AFTER FIRST AMENDMENT		SECOND IDMENT				•				
0	Indep	Depend	Indep	Depend	Indep	Depend	1 🗀	Indep	Depend	Indep	Depend	Indep	Depend	
2	1	-	 			 	51 52							
3	-						53	- 	+	 	 	 	 	
5	 	 -		 			54				<u> </u>		 -	
6		<u> </u>				 	55 56							
7							57		 	<u> </u>	 		 	
9	 	 					58						 	
10							59 60	- 						
11							61		1		 			
12	 	 					62						 	
14							63							
15							65	- 	1		 			
16 17							66						 	
18							67		-					
19							69	-	 		 			
20 21							70				1	··-		
22							71							
23							73		 					
24 25							74							
26							75 76							
27						$\neg \neg$	77	┪	 		 			
28 29			-				78							
30							79 80	 						
31							81	 						
32							82							
34							83 84	 						
35							85	1						
36	——						86							
38	-+				 +		87	 						
39							89	 						
40			[90							
42							91 92	├ ──┤						
43							93	 	 -					
44							94							
46							95	-						
47							96 97	 		$-\!$				
48							98							
50							99							
Total	7	- 		, -		,	100 Total	 	 -					
	1	-		_			Indep				1 1			
	184		-	'	◄	1	Total Depend	⋖ -	_		J	₹-	.	
Total Claims	19						Total	 		$\neg \tau$				
							Claims	L					- 1	